



1969 Central Ave. Lake Station, IN 46405
Phone: (219) 962-3111 Fax: (219) 963-9275
Clerk Treasurer: Brenda Samuels

BUSINESS LICENSE APPLICATION - MUST RETURN WITH INVOICE & PAYMENT

Date of Application: _____ License No. _____

Name of Business: (Please Print) _____

Business Street Address: _____

Phone: _____ Fax: _____ E-Mail _____

Type of business: Sec 4-93.c. Description of building, equipment and specialized machinery in use at each location within the City and a description of the business related activities at each such location;

Please List: _____

Sec 4-93.d. A statement of those explosives, hazardous, flammable, infectious or otherwise dangerous material or substance kept at any location in substantial quantity and whether the business applicant holds any permit or license by any agency of the State or Federal Government for the possession, storage and use of same. If such permit of license is held by the applicant, a copy shall be provided with and attached to this application.

Application process may take a minimum of ten (10) days for inspection and/or approval.

PROPERTY OWNER: Name _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

BUSINESS OWNER: Name: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____ FAX: _____

Name: _____ Phone: _____ FAX: _____

I, _____ understand that I must comply with all City, State and Federal
Signature Required Codes and Zoning Laws.

Make Checks Payable to: City of Lake Station Application fee: \$50.00 Non-Refundable

Application must be filled out completely and signed to be approved.

City to complete section below:

Date of Inspection: _____ Approved: _____ Denied: _____

Zoning Officer: _____ If denied please state reasons. _____
